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Supporting pupils with cancer on their return to school: a case study report of a reintegration program

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Abstract

Opting for a qualitative approach in order to get a better insight in related processes at individual level, our study draws upon a single case research analysis. The case of an 11 year old boy who was diagnosed with leukaemia will be presented. The first part of the program deals with the semi-structured interviews involving parents, child and the school personnel aiming at exploring and identifying eventual difficulties related to the implementation of the intervention. Whereas, the second part deals with school staff workshops, peer education and counselling targeting at promoting family, school and hospital collaboration. The reintegration program increased teachers, peers and parents' knowledge concerning the medical and psychosocial aspects of cancer. An improvement of teachers and peers' attitude towards the suffering child was also observed. The creative collaboration of school, family and hospital definitely facilitated the progressive transition of the ill child back into the educational system.

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1. Introduction

Advancing medical treatment has increased focus on the quality of life of children who survive cancer. As a result of the improvements in treatment approaches children spend less time as inpatient recipients (i.e., within the hospital setting) of medical care and have increased opportunities to experience a sense of normalcy and social reintegration outside of the hospital setting. Thus, these children are able to reintegrate into their community school settings (Larcombe, 1995; Harris, 2009). Students with chronic illness are likely to suffer from various primary and secondary negative effects due to long hospitalizations and medical conditions affecting their physical, psychosocial, and academic functioning. Returning to school after hospitalization may bring hope to all family members that the child could achieve a regular development again. The difficulties after the return to school are identified on the chronic stressors inherent with the disease and the fact that cancer may lead to emotional difficulties and have academic and cognitive effects on the child (Chatira, 2000; Closs, 1999). The behavioural challenges faced by children with cancer are mainly how to deal with isolation of hospitalization and the pain and suffering associated with treatment procedures. Cancer has negative effects on the whole family, including parents

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and siblings as well as the child with cancer (Patenaude & Kupst, 2005). It is essential for chronically ill children to continue their schooling as soon as their condition permits it. School provides opportunities for social, emotional and cognitive development. Also it gives to the chronically ill child and its family the sense that they can carry on living as normally as possible alongside their peers (Rabin, 1994). It appears that school reintegration –as Harris (2009) advances- serves an important rehabilitative goal for children and acts as a moderator for children's overall adjustment. Thus there are some difficulties that they arise when a child with cancer returns to school. These difficulties are as follows:

- School absences. Due to treatments and medical complications children with cancer may present poor school attendance.
- Low academic achievement and learning disabilities. Due to extended absences and missed work student may not be able to keep up his/her peers academically. Also, some treatments, such as central nervous system irradiation for leukemia are associated with an increase in learning disabilities.
- Physical changes (such as hair loss) may be reluctant to return to school. This may cause fear for teasing and rejection by their peers.
- Illness side effects (such as fatigue) may keep the child from participating in activities.
- Teachers may be very concern due to lack of knowledge about the disease.
- Parents may be reluctant to send their child with cancer to school due to fears of infection and peer acceptance and they may be overprotective (Closs, 2000b; Prevatt et al. , 2000; Sexson & Madan-Swain, 1993; Whitehead, 1995).

Open and ongoing communication among parents, child, school and hospital is a necessity in the materialization of a school re-entry program for a child with a chronic illness (Rabin, 1994; Sexson & Madan-Swain, 1993). Successful school reintegration is essential if the child is to develop normally in terms of intellect, social skills and peers relationships. School offers opportunities for social, emotional and cognitive development for children without special difficulties. It is also considered to be an ideal site to base intervention programs aiming at helping children who have been excluded for long periods. Reintegration programs may provide the opportunity for children who suffer from chronic illness and long academic exclusion to explore their fears, concerns and anxieties on their return to school and help them to deal with issues such as self- and body-image, classmate's reactions, teachers' attitudes, and schoolwork. The purpose of the present study is to explore the effectiveness of a reintegration program for chronically ill pupils within an elementary school setting. The critical need is for a holistic and individual approach to the education of children with medical conditions and remembering the importance of including these students with their peers socially and educationally (Closs, 2000a). Successful school reintegration for children diagnosed with cancer is best facilitated by an ecological/ecosystemic approach (Kourkoutas, 2008) with a coordinated effort between home, school and hospital ecosystems (Figure 1).

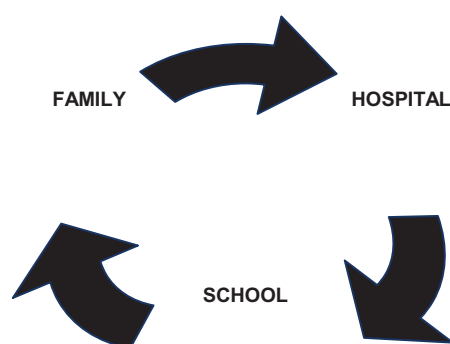


Figure 1. Schematic presentation of the co-ordination between family, hospital and school

2. Case study

Case study which is designed to bring out the details from the viewpoint of the participants was chosen in order to have a holistic, in-depth investigation (Jackson & Ormrod, 1998; Tellis, 1997) for a single case study of a reintegration school program for a boy with cancer.

T. was 7 ½ years old when he was diagnosed as having acute lymphoblastic leukemia. He attained remission and received tutoring at home and at hospital school. His father is a farmer and his mother works occasionally in a hotel. Because of his extensive absences he lost the second grade.

Family

According to his mother T. is facing learning disabilities due to his absences at the second grade. Also his father is concerned about gymnastics at school because he claims that T. should not get tired at school.

T.

T. although he is a very thin boy he draw himself disfigured and with a black line through his body (Figure 2). He is afraid, as he mentions, of mathematics and he only wants to play at school and have a nice time. Three things he wants mostly: a) to become well, b) to be with his friends and c) have a bicycle.

School

His teacher claims that T. is always late in the morning at school. She believes that T. thinks that school is a playground and he only wants to play. Teacher believes that T.'s only concern is to make up the time he has lost from the game with his peers. Also she is concerned due to lack of knowledge about the disease and might has unrealistic expectations and worries about handling T. behaviors (Worchel-Prevatt et al., 1998).

His peers love him and they play with him. He has less homework but he doesn't complete it and during class he presents attention deficit disorder.

The intervention emphasized an increased understanding of cancer, its related treatment and medical and psychosocial side effects. Supportive counselling for the family and the child, educational presentations to school personnel and systematic consultation between hospital and school were taking place. An interdisciplinary team, consisting of a psychologist, social worker, school counsellor, special educator and paediatric oncology nurse was established in order to help T. re-entry at his school class.

The intervention in order to succeed his reintegration to school included the followings:

- Provision of emotional support
- T. 's occupation with activities such us music
- Improvement of the quality of family relationships
- Special education program in order to face learning difficulties
- Awareness of school personnel and exchange of information related to the diagnosis
- Awareness of peers about the illness (i.e. awareness that cancer is not contagious)
- Discussion of the father's concerns regarding tiredness and infection control
- Co-ordination with a school counselor
- Reducing illness related anxieties of both teachers and peers
- Information from hospital to determine illness related complications that might affect T.'s school- work.

After 3 months T. has improved is school achievement although the learning disabilities still exist. After the help from the counselor T. realized his role as a student and his responsibilities. His occupation with music helped him enhance his self-esteem. T. serious medical condition was stable during the intervention program and peers relations with T. were improved.

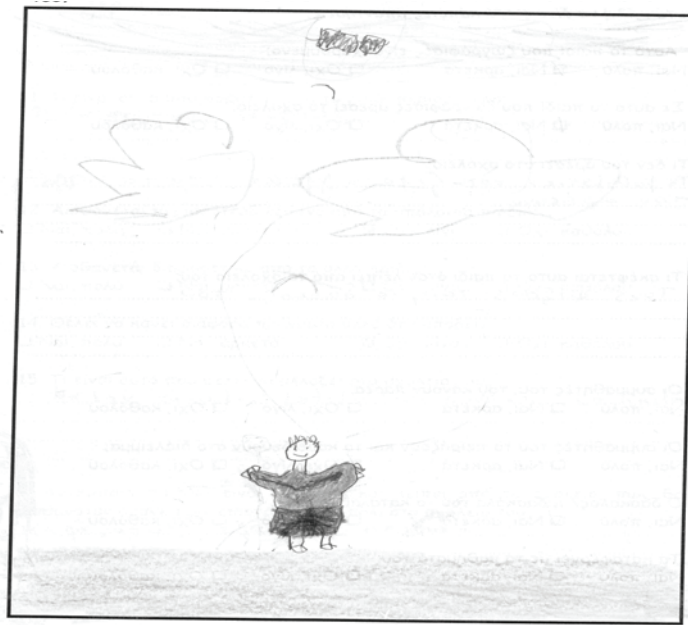


Figure 2. T. Draw of self

3.Results

The typical school attendance can help children with cancer emotionally and educationally (Papadatou et al., 2002). Building a collaborative partnership between parents, teachers, professionals and counsellors seems to be essential in order to provide the child, family and school personnel with the necessary emotional and instructional support so the student's inclusion to school can be successfully coordinated and achieved. In addition, a thorough assessment of the child's psychosocial and academic needs is important to design an effective individualised intervention plan. Teacher training focusing on handling emotional difficulties and peer relationships of the pupil with cancer seems also essential in order to provide an optimum environment for the child's school reintegration.

Communication with the hospital was crucial because this communication helped the school personnel to deal with medical considerations such as special cautions during physical education time, dealing with pain and the need for increased rest time due to fatigue. Successful school reintegration for children diagnosed with cancer is best facilitated by a coordinated effort between and within home, school, and hospital ecosystems (Harris, 2009).

As Papadatou et al. (2002) states, schools should evaluate if the child's educational and psychosocial needs are met and that supportive systems should be available to help educators in handling his/her difficulties.

A child that has cancer is still a child and he/she has the same needs as his/her peers (Chatira, 2000). It is our responsibility to promote his/her development, enhance his/her self-esteem and contribute to the quality of his/her life (Papadatou et al., 2002).

The purpose of this study is limited to a brief description of the general lines of the work that has to be done in the case of children with chronic illness who are for long absent from school and thus encounter the risk to experience further social and academic problems. Based on the case of a young boy with cancer, authors outlined the main difficulties and challenges teachers and counsellors are facing when dealing with the reintegration of children with chronic illnesses. Detailed results of the evaluation of the intervention model are not included in this paper. Thus conclusive remarks of this work cannot be generalized.

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